



Economic and Social Council

Distr.: General

24 May 2016

Original: English

2016 session

24 July 2015-27 July 2016

Agenda item 5

High-level segment

Statement submitted by NeuroCare Ethiopia, a non-governmental organization in consultative status with the Economic and Social Council*

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 30 and 31 of Economic and Social Council resolution 1996/31.

* The present statement is issued without formal editing.



Statement

Global NeuroCare, formerly NeuroCare Ethiopia, holding Special Consultative Status with the ECOSOC, applauds the United Nations Transforming Our World: The 2030 Agenda For Sustainable Development.

We fully concur with Declaration 26 regarding the importance of preventing and treating non-communicable diseases, including neurological disorders. The neurological conditions such as stroke, epilepsy, dementia and a host of other diseases have reached catastrophic levels in the least developed nations. These diseases and disorders are the single greatest threat to overall public health and will have profound effects on the stability of affected countries.

The single most effective method of combating this threat is to substantially increase the recruitment, development, training and retention of medical staff in developing regions, which comports with Goal 3(c) of the Agenda in the overall furtherance of ensuring healthy lives and promoting well-being for all people at all ages.

There has been substantial growth of global health programs throughout the developed world over the past decade, particularly in the United States, in both academic medical centers and non-government organizations. Based on our experience in Ethiopia during this same period, these programs often focus on brief medical missions to resource limited areas, predicated on ill-defined goals that fail to address the ethical, medical and legal concerns of the developing nation.

The result for Africa has been an uncoordinated scramble characterized by international medical paternalism, doctor tourism and ethical imperialism, because the academic institutions or non-government organizations are motivated by diverse interests beyond improving medical care, motivations like heightened visibility of global health in foreign policy, national self-protection against pandemics and bioterrorism, and widespread access to funding from governments, foundations and philanthropic organizations. These brief missions are highly advantageous to the sending institutions, but do not provide substantive benefit to the host nation and actually cause significant harm since visitors fail to recognize local needs, are unfamiliar with cultural differences and are frequently ill-suited to provide any meaningful medical care. The result can be disastrous for both physician training and patient care in these regions. Additionally, these missions can further disrupt medical care in the host nation by requiring already overburdened local staff to contend with social, cultural and language barriers while orienting visitors with respect to clinical activities, resource limitations and personal matters.

It is imperative to recognize that the only way to ensure sustainable growth of health care in developing nations is to ethically promote capacity building through stable, long-term partnerships with true reciprocity, ensuring that every visit improves care, services or education in the host country.

We strongly encourage the Agenda to consider a separate initiative to draft guidelines for groups, organizations or programs seeking to advance medical care or training in developing regions, in order to ensure that their goals, and efforts to achieve those goals, are sustainable, beneficial to the host nation, and avoid de-stabilizing already fragile, overwhelmed medical systems.